

June 11, 2024

Steve Kahl  
Executive Secretary  
Public Service Commission  
600 East Boulevard Avenue – Dept. 408  
Bismarck, ND 58505-0480

Re: Annual Reporting Requirements for Recipients of CAF/ICC Pursuant to 47 C.F.R.  
§51.917(d)(vii),(e),(f) and 47 C.F.R. §54.304 (d)(1)

Dear Mr. Kahl:

The Federal Communications Commission's (FCC) November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) requires carriers seeking recovery through the federal mechanisms established in the Order to make certain certifications to the FCC and to state commissions regarding their eligibility for, and their compliance with the rules applicable to such recovery.

Specifically, 47 C.F.R. §51.917(d)(vii), (e), (f) requires Rate of Return Carriers to certify annually to the FCC and to the relevant state commissions that the carrier is not seeking duplicative recovery in the state jurisdiction of any Eligible Recovery subject to the recovery mechanism. In compliance with that requirement, Loretel Systems, Inc. hereby states that it is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery, and as required by 47 C.F.R. §51.917(e)&(f) that has complied with all eligibility requirements and is eligible to receive the projected support requested. Included as Attachment A is a copy of the Officer Certifications filed with the FCC as part of the National Exchange Carrier Association (NECA) compliance filing.

The FCC's November 18, 2011 USF/ICC Transformation Order, FCC 11-161 (WC Docket No. 10-90) also requires rate of return carriers seeking CAF/ICC support to file data establishing the amount of the rate of return carrier's eligible CAF/ICC funding per 47 C.F.R. §54.304 (d) (1). Included in Attachment B, is the projected Access Recovery Support and Connect America Fund Support as filed with the FCC under this Order.

Please contact the undersigned if you need further information.

Sincerely,



Thomas W. Campbell  
Telecommunications Consultant

Enclosures

1 PU-24-231 Filed 06/11/2024 Pages: 6  
Copy of FCC 47CFR Section 54.304 CAF ICC Annual Support Data - Redacted  
Loretel Systems, Inc.  
Thomas Campbell, Telecommunications Cons

Company Name	Study Area Code	(A) Estimated ARC Revenues 47 C.F.R. §51.917(e)	(B) Adjusted Estimated CAF ICC Support 47 C.F.R. §51.917(d)	(C) ARC Revenue Adjustment 47 C.F.R. §51.917(e)	(D) Total Estimated Eligible Recovery (A+B+C)
Loretel Systems Inc	361443				

**TO BE COMPLETED BY THE REPORTING CARRIER,**

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier

Signature of Authorized Officer



Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ , ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

Filing Due Date for this form  
(mm/dd/yyyy)

06/17/2024

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF.

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Agent Moss Adams LLP

Name of Reporting Carrier

Signature of Reporting Carrier Officer

Date

Signature of Reporting Carrier Officer

Name of Reporting Carrier

Signature of Reporting Carrier Officer

Name of Reporting Carrier

Signature of Reporting Carrier Officer

06/17/2024

I hereby certify that the information provided to the Authorized Agent is true and correct to the best of my knowledge and belief.

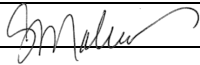
**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Carrier Name (Print):

Carrier Address (Print):



Office:

Carrier Telephone (Print):

Carrier Fax (Print):

Carrier Email (Print):

Carrier Website (Print):

Carrier Name (Print):

06/17/2024

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**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier

Signature of authorized officer



Date

Printed name of authorized officer

Title or position of authorized officer

Telephone number of authorized officer: ( ) - , ext.

Study Area Code of Reporting Carrier

Filing Due Date for this form  
(mm/dd/yyyy)

06/17/2024

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